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NOTES FROM THE MEDICAL PRESS

IN CHARGE OF

ELIZABETH ROBINSON SCOVIL



MATERNAL DIET AND FETAL DEVELOPMENT.—The *Journal of the American Medical Association*, quoting from the *Lancet Clinic*, Cincinnati, says: “Gillespie discusses the possibility of influencing the bony growth of the fetus by regulating the diet of the mother. He believes that this is not only impossible but dangerous, inasmuch as the demands of the fetus must be met by the mother even to the extreme of decalcifying her own osseous system. Furthermore, even if it were possible to bring about such a result, it would probably increase the difficulties of labor rather than diminish them, because the lack of any bony development may prove a serious obstacle to labor. Under normal conditions the spinal column of the fetus possesses sufficient rigidity to act as a good transmitter of force. Its rigidity is greatly increased by the splint-like action of the arms and legs, folded as they are on the anterior surface of the child. If we could by diet lessen the rigidity of the fetal skeleton, it would in like proportion lessen its ability to transmit force, and the result is a difficult labor.”

TOOTHACHE.—H. B. Ray, writing in the *Southern Clinic*, gives the following advice on the treatment of toothache: “Toothache is essentially an inflammatory condition, and in ninety-nine per cent. of the cases there is a cavity in the tooth. In those cases where there is a cavity, but no nerve exposure, the treatment is simple—apply a sedative and exclude the secretions of the mouth from the cavity; prompt relief will follow; and then advise the patient to visit a competent dentist. A very effective agent, and one always at hand, is the oil of cloves. It should be applied by saturating a pledget of cotton with the remedy and introducing it into the cavity with a toothpick or other pointed instrument; that being done, the secretions are kept out by filling the cavity with a little beeswax, a household remedy always at hand. The wax can be applied by warming over a lamp on the point of a knife and forcing into the cavity. The wax filling serves not only the purpose of keeping the secretions of the mouth out, but prevents thermal changes from affecting the nerve when hot and cold things are taken into the mouth.”

TEMPERATURES DURING THE PUERPERIUM.—The *Medical Record* in a synopsis of a paper in the *British Medical Journal* says: "John W. Duncan found a subnormal temperature daily in the axilla in sixty consecutive cases during the puerperium. Eight cases showed a temperature of one hundred degrees or over. These cases were under strict antiseptic precautions. The highest temperature, of one hundred and three degrees, was due to tense breasts, complicated with tinea of the breasts. The daily average mouth temperature was 99.3 degrees on the third day, on the fourth 99.5 degrees. Temperature above normal is due to faulty cleanliness, external skin infection, infection before labor, as in vaginitis, and small tears early in labor. Instrumental delivery does not cause rise of temperature as a rule. The author believes that infections come more often from the skin, cervical or vaginal mucous membranes, or pudendal surfaces of the patient than from the doctor and nurse."

PARATYPHOID FEVER.—The New York *Medical Journal* in a synopsis of a paper in the *Medical News* says: "Coleman insists that even the agglutination tests do not always enable us to distinguish cases of typhoid due to the typhoid bacillus from cases of continued fever due to other members of the typhoid colon group. From the bacteriological point of view distinctions should be made, but it must be remembered that bacteriological entities are not necessarily clinical ones. In conclusion: 1. Paratyphoid infections cannot be distinguished from typhoid fever except by the recovery from the blood of the bacillus concerned and its proper identification. 2. The present state of our knowledge makes it advisable to consider typhoid fever clinically as a disease which may be caused by several members of the typhoid colon group of bacilli. 3. The term 'paratyphoid fever' is not only unnecessary, but misleading."

PROLONGED LAVAGE A PREVENTIVE OF ETHER-VOMITING AFTER OPERATION.—George S. Brown, in *Surgery, Gynecology, and Obstetrics*, assumes that it is the presence of ether in the system that causes the vomiting after operation by its direct effect on the vomiting centre in the brain or its irritant effect on the stomach. He considers the appropriate treatment of the condition to be the washing of the ether out of the blood as rapidly as possible. Much of the ether is eliminated by the stomach, and if lavage is begun before the patient becomes conscious, and is continued for some time, the ether is rapidly eliminated and the vomiting avoided. When the ether is all out of the blood, vomiting ceases; but this may require three or four days. The patient should be kept well under ether, so that the tube can be introduced without causing

retching. The lavage is continued until two and a half gallons of water have been introduced and removed. The last washwater will not smell of ether, the sleep will pass off in an hour or two, and at the end of twelve hours the breath will not smell of it. During the last three years this method has prevented ether vomiting absolutely in the author's cases.

LIME-WATER IN THE TREATMENT OF WARTS.—The *Medical Record*, quoting from the *British Medical Journal*, says: "J. Burdon Cooper accidentally learned that lime-water taken internally is almost a specific for warts. When taking lime-water for some digestive disturbance he found that a wart that had been troublesome disappeared from his finger. He tried this remedy in other cases of warts, and found that the warts disappeared. He recommends the taking of a wine-glass of lime-water after the midday meal with a little milk. The wart disappears after from four days to three weeks."

SEA-WATER AS AN ANÆSTHETIC.—Dr. J. G. Taylor in *American Medicine* recommends the subcutaneous injection of sea-water to relieve pain, saying that it does so more quickly than morphine. Injected at the root of a tooth it is more effectual than cocaine. Warm injections of sea-water per rectum while the patient lies on his side is a most effective remedy in cirrhosis of the liver, jaundice, and other hepatic diseases. Also to give relief in asthma and cough that has become chronic.

NATURE AND CAUSE OF HUNGER, APPETITE, AND ANOREXIA.—Mark I. Knapp in *American Medicine* says hunger is the sensation produced by the contraction of the muscularis of the pylorus, of the entire stomach, of the duodenum, or of all these structures. It is the contraction of the muscularis, most especially the contraction of the pylorus, which, when felt in not too intense a degree, is interpreted as hunger. If the contraction is more intense, it is felt as a painful hunger. If the contraction is of a slight degree, then the sensation of the hunger is also of a slight degree, it is evanescent. This is the reason the hunger passes away after a certain lapse of time, even if no food has been taken; it means simply that the contraction has given way to relaxation. A "hearty" appetite should not be encouraged. Such an appetite must be considered as pathological and must be suppressed by the physician, as it is caused by a stronger contraction, hence greater irritation of the mucosa, which should not be. Absence of contraction, the inability to contract, relaxation, distention—these being the opposite, the reverse of contraction—result in the opposite of appetite, anorexia.